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NOTICE OF ALL	OWANCE MAILED		CLAIMS ALLOWED					
		Assistant Examiner	Total Claims	Pri O.0	nt Claim for			
ISS	UE FEE	1.	DRAWING					
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.	Print Fig.			
	<u> </u>	Primary Examiner	<u> </u>					
TER	RMINAL	PREPARED FOR ISSUE	Application Examiner					
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